



Updating an ERA X12 835 Information – Provider Web Portal Quick Guide

Updating an ERA X12 835 Information

The ERA X12 835 enrollment can only be completed after provider enrollment. ERA X12 835 enrollments will no longer occur on the “Link Registered Trading Partner ID for X12 Reports” tab in Manage Accounts. All other X12 transaction delegations will still occur in Manage Accounts.

1. Login to Provider Web Portal

2. Click EFT/ERA (835) Enrollment link

Click the “EFT/ERA (835) Enrollment” link on the left hand side of the home page.

Provider Name Medical Provider **Provider ID** Providers - 1234567891 (NPI) **Location** 0000000000 - MEDICAL PROVIDER
Taxonomy 225100000X

User Details
Welcome User Name
▶ [My Profile](#)
▶ [Manage Accounts](#)

Provider
Name Medical Provider
Provider ID 1234567891
Location ID 0000000000
▶ [Provider Maintenance](#)
▶ [EFT/ERA \(835\) Enrollment](#)
▶ [Disenroll](#)

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We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

3. Click ERA (835) Enrollment Application link

Click the "ERA (835) Enrollment Application" link on the left hand side of the page.

Provider Enrollment	
EFT Enrollment Application Initiate a new or modify an existing EFT only enrollment application	
ERA (835) Enrollment Application Initiate a new or modify or cancel an ERA (X12 835) only enrollment application.	
Resume Enrollment Resume and EFT enrollment that has been returned to you for changes.	
Enrollment Status Check the current status of an enrollment application.	

4. Click Continue

Provider Enrollment: Welcome ?	
<div style="background-color: #008000; color: white; padding: 2px 5px; margin-bottom: 5px;">Welcome</div> <div style="background-color: #f2f2f2; padding: 2px 5px; margin-bottom: 5px;">ERA Enrollment</div> <div style="background-color: #f2f2f2; padding: 2px 5px; margin-bottom: 5px;">Agreement</div> <div style="background-color: #f2f2f2; padding: 2px 5px;">Summary</div>	<p>Welcome to the Online Provider Enrollment Process for Electronic Remittance Advice (ERA)</p> <p>Please complete each step in the enrollment process. Required fields are noted. When you have completed all steps of the application, print a copy of the information for your records, "review" and "submit" the application for processing.</p> <p>Please click the "Continue" button to start the enrollment process.</p> <p>Submitting a new or change ERA (X12 835) enrollment will automatically update your profile so that your next X12 835 transaction is sent to the Trading Partner ID entered on the enrollment application.</p> <p>Submitting a cancel ERA (X12 835) enrollment will automatically stop your X12 835 transactions from being created.</p> <div style="text-align: right; margin-top: 20px;"> Continue Cancel </div>

5. Complete all required fields and click Continue

Use this section to initiate a new ERA X12 835 enrollment, change the receiving trading partner ID of the existing ERA X12 835 enrollment, or cancel an existing ERA X12 835 enrollment.

- For a New or Change Enrollment required fields are: Provider Name, Tax ID, NPI (if issued), Trading Partner ID, Provider Contact information (Name, Phone, and Email) and Reason for Submission.

Note: For a Change Enrollment, use the new Trading Partner ID.

- For a Cancel Enrollment required fields are: Provider Name, Tax ID, NPI (if issued), Provider Contact information (Name, Phone, and Email) and Reason for Submission.

ERA (X12 835) Information	
Welcome	Providers that would like to have to exchange claims payment information using electronic remittance advice (ERA) transactions should enter all the fields in the panel below.
ERA Enrollment	If ERAs (835s) are to be electronically exchanged, an account should be established using this page within the enrollment application.
Agreement	
Summary	
* Indicates a required field.	
Provider Information	
*Provider Name	<input type="text"/>
Business Name	<input type="text"/>
Provider Address is an optional. If you wish to include provider address information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.	
<input type="checkbox"/> Provider 'Remittance To' Address	
Provider Identification Numbers	
*Tax ID	<input type="text"/>
*NPI must be provided if one has been issued.	
Provider National Provider Identifier (NPI)	<input type="text"/>
Other Identifier	<input type="text"/>
Assigning Authority	<input type="text"/>
For a new or change enrollment, enter Trading Partner ID of the entity that will receive your 835 transactions.	
Trading Partner ID	<input type="text"/>
Provider Type	<input type="text"/>
Taxonomy	<input type="text"/>
Provider Contact Information	
*Provider Contact Name	<input type="text"/>
*Phone	<input type="text"/>
Ext	<input type="text"/>
*Email	<input type="text"/>
Fax Number	<input type="text"/>
Provider Agent Information is optional. If you wish to include provider agent information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.	

The Trading Partner ID is a 10-digit number assigned to your billing agent/clearinghouse. Contact your billing agent/clearinghouse for their Trading Partner ID.

Use the "Reason for Submission" dropdown to indicate a New Enrollment, Change Enrollment or Cancel Enrollment.

■ Retail Pharmacy Information	
Electronic Remittance Advice Information	
<p>Preference for aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) Enter either Provider Tax Identification Number (TIN) or Provider National Provider Identifier (NPI). Provider preference for grouping (bulking) claim payments - must match preference for EFT payment.</p> <p>Provider Tax Identification Number (TIN) <input type="text"/></p> <p>Provider National Provider Identifier (NPI) <input type="text"/></p> <p>ERA Download Method <input type="text"/></p> <p>ERA Clearinghouse Information is optional. If you wish to include clearinghouse information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.</p>	
■ Electronic Remittance Advice Clearinghouse Information	
<p>ERA Vendor Information is optional. If you wish to include ERA vendor information with your application, please click the checkbox and enter the required information. If you un-check, any data entered will be removed.</p>	
■ Electronic Remittance Advice Vendor Information	
Submission Information	
<p>*Reason For Submission <input type="text"/></p> <p>Requested ERA Effective Date 03/29/2018</p>	<p>"Reason for Submission" Values:</p> <ul style="list-style-type: none"> • New Enrollment • Change Enrollment • Cancel Enrollment

6. Sign the Agreement.

Complete the required fields and then click Review.

Provider Enrollment: Agreement	
Welcome ERA Enrollment Agreement Summary	<p>Instructions</p> <p>Access the summary of enrollment link to review all data that has been entered into the enrollment application. Changes can be made to the existing application by navigating back to the appropriate screen using the links in the table of contents. Once changes are made, the enrollment application can be reviewed again.</p> <p>Terms of Agreement</p> <p>Provider Name Address _ _ _ Tax ID NPI _ Contact Name Contact Email</p> <p>You will be submitting the Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand that your electronic signature is binding to the same extent as your written signature.</p> <p>By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.</p> <p>*I accept <input checked="" type="checkbox"/> I understand that my electronic signature is equivalent to written signature.</p> <p>*Your Signature <input type="text"/> (Entering your name in the box to the right will constitute your electronic signature.) Suffix <input type="text"/> Submission Date 02/12/2018</p> <p>Review Cancel</p>

Print and save a copy and then click Submit.

Instructions for Summary Page	
<p>If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes.</p> <p>Once you have reviewed the contents of this application, select "Submit" to submit the enrollment for processing.</p> <p>Please print a copy of this summary for your records.</p>	
Print Preview	Submit Cancel

New ERA information should go into effect right away. The ERA X12 835 will be received after the next financial cycle that includes claim activity.

Updates to an ERA X12 835 enrollment can be made using the "ERA (835) Enrollment Application" link. The ERA X12 835 enrollment option on the "Link Registered Trading Partner ID for X12 Reports" tab in Manage Accounts will be greyed out. See the red arrows below.

Refer to Steps 3-6 above for instructions on accessing and completing the "ERA (835) Enrollment Application" link.

Select the transactions that the billing agent can exchange on your behalf.
To update the billing agent that can receive your 5010-835-Batch-X12-Health Care Claim/Advice transaction you must submit an [ERA\(835\) Enrollment Application](#).

Transactions

- ☐ 5010 - 270 - Batch - X12 - Health Care Eligibility Benefit Inquiry
- ☐ 5010 - 271 - Batch - X12 - Health Care Eligibility Benefit Response
- ☐ 5010 - 270 - Interactive - X12 - Health Care Eligibility Benefit Inquiry
- ☐ 5010 - 271 - Interactive - X12 - Health Care Eligibility Benefit Response
- ☐ 5010 - 276 - Batch - X12 - Health Care Claim Status Request
- ☐ 5010 - 277 - Batch - X12 - Health Care Claim Status Response
- ☐ 5010 - 276 - Interactive - X12 - Health Care Claim Status Request
- ☐ 5010 - 277 - Interactive - X12 - Health Care Claim Status Response
- ☐ 5010 - 278N - Health Care Services Review Notification and Acknowledgment
- ☐ 5010 - 278 - Batch - X12 - Health Care Services Request/Response
- ☐ 5010 - 278 - Interactive - X12 - Health Care Services Request/Response
- ☐ 5010 - 820 - Batch - X12 - Payroll Deducted and Other Group Premium Payment for Insurance Products
- ☐ 5010 - 834 - Batch - X12 - Benefit Enrollment and Maintenance
- ☒ 5010 - 835 - Batch - X12 - Health Care Claim Payment/Advice
- ☒ 5010 - 837D - Batch - X12 - Health Care Claim: Dental
- ☐ 5010 - 837I - Batch - X12 - Health Care Claim: Institutional
- ☒ 5010 - 837P - Batch - X12 - Health Care Claim: Professional

Submit **Cancel**

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides.